



Fax

Attention: Mail Stop ISSUE FEE

From: Travis Dodd

Fax: (571) 273-2885

Fax: (818) 833-2065

**Examiner's
Phone:**
Phone: (818) 833-2014

Company: United States Patent and
Trademark Office

Company: Quallion LLC

Re: Application Serial No. 10/612,439

Pages: 5

Filing Date: July 1, 2003

Date: November 2, 2009

Confirmation No. 6593

Inventor(s): Ilias Belharouak et al.

Examiner: John Maples

Group Art Unit: 1795

for A METHOD FOR MAKING A BATTERY

Our File No. Q170-US1

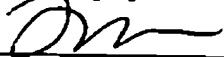
 Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

If you have any questions or did not receive this transmission in its entirety, please call (818) 833-2065, extension 2003.

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

I hereby certify that the following documents are being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-2885 on November 2, 2009:

- Transmittal of Payment of Issue Fee (Small Entity) (1 page)
- Fee Transmittal (1 page)
- PTOL-85 (Rev. 11/03) Part B. – Fee(s) Transmittal (1 page)
- Form PTO-2038, credit card authorization (1 page)

Lisa K. Robbins
 (Name of Person Signing Certificate)


 (Signature)

Quallion LLC

PO Box 923127, Sylmar, CA 91382-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

NOTICE: This message is confidential, may be legally privileged, and is for the intended recipient only. Access, disclosure, copying, distribution, or reliance on any of it by anyone else is prohibited and may be a criminal offense. If it has been sent to you in error, please advise the sender of the error and immediately destroy this message.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/612,439
Filing Date	July 1, 2003
First Named Inventor	BELHAROUK, Ilias et al.
Group Art Unit	1795
Examiner Name	John Maples
Attorney Docket Number	Q170-US1

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) with Exhibits (3 sets) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Issue Fee
Remarks <hr/>		

Customer Number or Bar Code Label

31815

(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

By:

Travis Dodd
 Attorneys for Applicant(s)
 P.O. Box 823127
 Sylmar, CA 91392-3127

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail
 In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date:

Typed or printed name	TRAVIS DODD
-----------------------	-------------

Signature	Date
-----------	------

**FEE TRANSMITTAL**

Attorney Docket No.	Q170-US1
First Named Inventor:	BELHAROUK, Ilias et al.
Application Number	10/612,439
Filing Date:	July 1, 2003
Examiner Name:	1795
Group/Art Unit:	John Maples

TOTAL AMOUNT OF PAYMENT:	\$ 1,055.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC X Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$330.00	\$165.00	\$0.00
Total Claims	26 - 64 =	0	X \$52.00	X \$26.00	\$0.00
Independent Claims	1 - 3 =	0	X \$220.00	X \$110.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$390.00	\$195.00	\$0.00
Total of above Calculations =					\$0.00
Basic Filing Fee	Large Entity	Small Entity	Total		
Design filing fee	\$220.00	\$110.00	\$0.00		
Reissue filing fee	\$330.00	\$165.00	\$0.00		
Provisional filing fee	\$220.00	\$110.00	\$0.00		
Total of above Calculations =					

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Issue Fee	\$	\$755.00	\$755.00
Publication Fee	\$	\$300.00	\$300.00
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$1,055.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	11/2/2009